1-4
No.
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vi i
283
Day.
>

1. PLACE 65 DEATH County 195-8 Registration Dist. No. 1 Village or City 1974 To bacco 100. (If death occurred in a horpital or institution, give its NAME instead of at Length of residence in city of twin where death occurred 100 yrs.	ds.
Village or City No. No. (If death occurred in a horpital or institution, give its NAME instead of st Length of residence in city of the whole with the company of the co	reet and number)
Length of residence in city of Yown where death occurred 40 yrs	reet and number)
Length of residence in city of them where death occurred HO yrs	ds.
2. FULL NAME Cary Fugella Castrons	10
	10.
(a) Residence: No. Lott Dobace Mish Ward.	10.
(Usual place of abode) / UUU If nonresident give city or to	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE 3. SEX 14. CONTROL OF DEATH 15. SINGLE MARRIED WIDOWED. 21. DATE OF DEATH	ATH
Ormale Must OR DIVORCED (write the word)	193
5a. If married, widowed, or divorced	(Year)
(or) WIFE of John of Carbour 22. I HEREBY CERTIFY, That I a	
6. DATE OF BIRTH (month, day, and year) Opril 6 1865 last saw halive on	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	13 , udatii 13 3att
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importar	псе
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of enset
and all all all all all all all all all al	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11 Total time (users)	
this occupation (month and spant in this	
occupation Other Contributory Causes of Importance:	/
(State or county) Actible mute And Call probable Couling	Lon
ho all via	/
13. NAME Richark Jayen 14. BIRTHPLACE (city or town) Barles Rossella Name of operation D	
(State or country) (State or country)	ate of
What test confirmed diagnosis?	nere an autopsy?
15. MAIDEN NAME (OMMA SMOOK) 23. If death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME Source	, 19
Where did injury occur?	10
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUE (Address)	BLIC PLACE.
18. BURIAL CREMATION OR REMOVAL // Manner of injury	************
Place Date US4/6, 1932 Nature of injury	
19. UNDERTAKER + UNIL Compation of decea	
20. FILED III 14 1932 filledy I Paces (Signed) & Illian Up oscy	- Righel
Registrar. (Address) and Shalle If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10 A A A A A A A A A A A A A A A A A A A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURESH V.S.	1.3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

01	-=		0	
	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every is	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	F DEATH in plain terms, so that it may be properly classified. Exact statement o	
	ORD.	IXSI	sta	
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	H	×		
5	Z	L	d.	
Z	Z	CJ	ifie	
9	MA	A	ass	
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m	PE	=	rly	•
R	V	ted	pe	
F	IS	sta	pro	
ARGIN RESERVED FOR BINDING	IS	e	e	•
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R	1	Juc	ma	
闰	X	sho	it 1	*
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	AII	d h	DE	
	L	ul	Er.	

	PLACE OF DEA					J I	
	· County Char				Registration Dist. No. 106		
	Village or City	ryans H	<u>d.</u>	(I	ND. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward	
	Length of residence In	city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2.	FULL NAME						
	(a) Residence: No.	Bryans	(Usualplace	nd.	St., Ward. If nonresident give city or town and State		
	PERSONAL AI	ND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. S	F 4. COL	OR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Aug. 26 193	4	
5a. I	f married, widowed, or div HUSBAND of (or) WIFE of	rorced			22. I HEREBY CERTIFY, That I attended deceesed from		
6. D	ATE OF BIRTH (month, d	av. and vear)	Aug. 26,	1934			
7. A		Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
N	8. Trede, profession, or kind of work done SAWYER, BDDKKE	particular , es SPINNER,			STILLBORN	o of onset	
OCCUPATION	9. Industry or business	in which					
CUE	work was done, es SAW MILL, BANK,						
ŏ	IO. Date deceased last we this occupation (m year)	onth and	11. Total ti spen occu	me (years) It in this pation			
12.	BIRTHPLACE (city or town	Chas.			Other Contributory Causes of Importance:		
2	(State or country) 13. NAME	omea Co	cil Brow	m			
E	14. BIRTHPLACE (city or		OII DIO	11	Name of operation		
	(State or country)	Md.			What test confirmed diegnosis? Was there an autops		
MOTHER	15. MAIDEN NAME	Mary El	izabeth	Kaymond	23. If death was due to external causes (VIOLENCE) fill in also the following:		
MO	16. BIRTHPLACE (city or i (State or country)				Accident, suicide, or homicide? Date of injury,	19	
17. 1	NFORMANT MA	llie 5.	Clarke	/	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place. Bryan's Read md Date aug 26, 1934.					Manner of injury		
	Place Dry ans	3 lead, m	d_Date_Ulug.	26,,1934.,	Nature of Injury		
19.		my d Caf	er rings r		24. Was disease or injury in any way related to occupation of deceased? If so, specify		

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 0, 1927	Peritonitis	3 days ago
Mol By	नस्ति	7	
Other contributory causes of importance: Gallstones	938	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		14.4.2	

V. S. No. 1 N. B.—I

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08122
1. PLACE OF DEATH	
County Charles	Registration Dist. No. / O 🛠
Village or City Turk	No. St Ward
break at a day to the state of	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U
2. FULL NAME CHANGE CHAN	ds. How long in U. W. It of foreign birth?yrsmosds.
	my m
(a) Residence: Np. (Usum I place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & -14-
Sa. If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of William & A. A.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 6 - 6 - 1664	I last saw h alive on 9 14 19 3 4 death is said
7. AGE Years Months Days If LEGS than	to have occurred on the date stated above, at
46 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Date of onset
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	an News
work was done, as SILK MILL, SAW MILL, BANK, etc	
Rind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) year) 11. Total time (years) spent in this occupation	
md	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 114. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 2nd	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of Injury
Place Date Date 7, 19 G	Nature of injury
19. UNDERTAKER (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 9 - 19 - 19 3 4 7 1 A A Registrar.	(Signed) M. D. (Address) May Bull M. D.
If more blanks are needed, address State Revistrar	TATE N. Charles Street Relimore Description 51 N.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis DEPORAGE V S 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 near

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	OI MAIL	ILAND	&	
County Crewly	72		Registration Dist. No/	104
Village or City. 72	death occurred		No. State occurred in a hospital or institution, give its NAME instead of stre	
2. FULL NAME STU	01	- 43	The	
	:/		Ch Ward	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	тн
4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_34 (Year) 4
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I at	tended deceased from
(or) WIFE of			19, to	
6. DATE OF BIRTH (month, day, and year)	8-10-	34		9; deeth is said
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t	ime (years)	Liferon	Oate of onset
12. BIRTHPLACE (city or town) (State or country)	22 41	nt in this upation	Other Cuutributury Causes of importance:	
13. NAME	13	11/2-		
14. BIRTHPLACE (city or town) (State or country)	nu		Name of operation Da What test confirmed diagnosis? Was the	
15. MAIOEN NAME	y Was	lan	23. If death was due to external causes (VIOLENCE) fill in also the fo	
16. BIRTHPLACE (city or town) (State or country)	Judy		Accident, suicide, or homicide?	, 19
17. INFORMANT	anlk	nu	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date &	70-1930	Manner of injury Nature of injury	
19. UNDERTAKER (Address)	+ Curs	Butt	24. Was disease or injury in eny way related to occupation of deceas	ed?
20. FILED & 10 -, 19 3 4	J. L.	The Megistrar.	(Signed) Address) A Mark	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(23)
County Charles	Registration Dist. No. 10
Village or City Pusgell	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sdsHow long in U.S. It of foreign birth?yrsmosods.
2. FULL NAME John Richard Ca	- Lall
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (wrije the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced	
HUSBAND of Mary Tiola Campbell	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, dey, and yeer) april 26, 1899	I last sew h. elive on 4, 1937; deeth is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, et si p.m.
34 4 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as folious:
8. Trade, protession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc	Dulmmany Culeraulous Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
To: Date deceased last worked at this occupation (month end spent in this	
yeer) occupation	Other Cantributery Causes of importence:
12. BIRTHPLACE (city or town) Pryandown '	
(Stete or country)	_
14. BIRTHPLACE (city or town). Olean in Completel	
14. BIRTHPLACE (city or town) Olean Control (Stete or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there en eutopsy?
I Marie O On A	23. It deeth wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
Marte Que blatte	(Specify city or town, county and State) Specity whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Pistoli. Med.	Specify whether injury occurred in INDUSTRY, in nome, of in Public Place.
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Place Organism Mac Dete Cury 1, 1907	Neture ot Injury
19. UNDERTAKER Stanley Penny	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Plagah Mid-	If so, specity
20. FILED aug . 7 1934 many Southerband	(Signed) Cus, Colombial M. D.
f Local Registrar.	(Address) Masling Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. M. 1.

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V. S. No. 1 Ë ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9)
County Channe	Registration Dist. No. 108
Village or City Hay have	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Barbora Denne los	nelet
(a) Residence: No. Slanghard (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Sen, Con	22. I HEREBY CERTIFY. That I attended dacased from
6. DATE OF BIRTH (month, day, and year) Sect. 28. 1932	I last saw h le alive on any (, 195 / ; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 955 m.
/ // 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Date of onset
SAWYER, BODKKEEPER, atc.	Enteretes Guy/
9. Industry or business in which work was done, es SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Day human	Other Contributory Causes of importance:
(State or country) be be the	Il do open Cough July 5
13. NAME Toland lacular 14. BIRTHPLACE (city or town) They have	
Z 14. BIRTHPLACE (city or town) They have	Name of operation Date of
(State of country) which has he	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Hatter Hough	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) when he red!	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Zobel Coarles (Addrass) The knother 20	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Dep feeeds. linely Date area / 3 , 1934	Nature of injury
19. UNDERTAKER Robert Canter	24. Was disease or injury in any way related to occupation of deceased?
(Address) Obey barile Zang	If so, specify
20. FILED 8/13/34, 19 En Okappeler Registrar.	(Signed) Heavy C. Chaptel M. D. (Address) Hey her wee 2ref

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH 08137
1. PLACE OF DEATH	(77)
County Charles	Registration Dist. No.
	NoSt.,Wall f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Tram A Din	- (Hement)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
/ may 19 1930	1101 mult of alling of And 24 1 19 1 10 10 10 10 10 10 10 10 10 10 10 10 1
AGE Years Months Days If LESS than	I last saw h dealer alive on Attack 24
4 4 May 5 1 day, hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	duld dud for by?
kind of work done, as SPNNER SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this securation (month and spent in this spent in this securation (month and spent in this securation (month and spent in this spent in	be and of form amiglion
10. Date deceased last worked at this occupation (month and year)	gester or offing glade
2. BIRTHPLACE (city or town) Dollars Town (State or country)	Other Contributory Gauss of importance: The health
13. NAMOW G Dent Dement	bouls and the det for a
(State of Country)	Name of operation Date of Date of What test confirmed diagnosis? When test confirmed diagnosis?
15. MAIDEN NAME Vista May Dunt 16. BIRTHPLACE (city or town) lehneld te unt	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide
(State or country)	Where did Injury occur?(Specify city or town, county and State)
7, INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Licelina Date Date 1, 19	Manner of injury
19. UNDERTAKER / Land of the Care (Address) Warday mile	24. Was disease or injury in any way related to occupation of deceased?
20. FICELLEG 25, 1934 MB. Month	(Signed) M. (Address) M.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones . May 1.1923 Gastroenteritis 1 year

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The PRINCIPAL CAUSE OF DEATH and releted causas of importance 8. Treda, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceesed lest worked at II. Total time (yeers) this occupetion (month end spent In this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stete or country) FATHER I3. NAME

14. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

(State or country)

(Stata or country)

15. MAIDEN NAME

(Address)

MOTHER

19. UNDERTAKER

Registrar.

24. Was diseese or injury in eny wey releted to occupation of deceesed?

What test confirmed diegnosis? Wes there an autopsy?

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury______ 19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did Injury occur?_____

Manner of Injury Nature of injury

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V. S. No. 1 B ż

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLA	ND-	CERTII	FICA	TE	OF	DEA.	TH
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08128

1. PLACE OF DEATH			(9)	· · · ·
County Charle			Registration Dist. No	108
Village or City	maile		No. S f death occurred in a horpital or institution, give its NAME instead of stree	St.,Ward
Length of residence in city or town w	here death occurred		t death occurred in a horpital of institution, give its NAME, instead of streets	
2. FULL NAME BUT	- 708a	Goeden		
	er ceep			
(a) Residence: No.	(Usual place	e of abode)	St., Ward. If nonresident give city or tow	wn and State
PERSONAL AND STAT		The second second	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Frue while	OR DIVORCE	ED (write the word)	a //	, 193 4
5a. If married, widowed, or proced	7		(Month) (Day)	(Year)
HUSBANO of			22. I HEREBY CERTIFY, That I att	tended deceased from
not no	any		(leag 1) ,1924, to long 11	, 19.\$.4
6. DATE OF BIRTH (month, day, and year)	Jan 1. 19	34	I lest saw harman alive on Geog 1/	₹½; death is said
7. AGE Years Month	s Days	If LESS than	to have occurred on the date stated above, at9m.	
0 8	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Pata of onset
8. Trade, profession, or particular kind of work done, as SPINNER				Data of offset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Eulisites	aug 6.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	none			
IO. Date deceased last worked at	11 Total	tima (years)	-	
this occupation (month and year)	Spa	ent in this cupation		
14	1		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 1/ Land (State or country)	las me	N .	2-1	J. A. 3
1	4.0.	. 31	mkanging Cangle	Ochil
I	1 - corson	c.		
14. BIRTHPLACE (city or town) (State or country)	my neous	4	Name of operation Oat	
	Courtie		What test confirmed diagnosis? Was the	
I -	1 .		23. If death was due to external causes (VIOL ENCE) fill in also the fo	
(State or country)			Accident, suicide, or homicide? Date of injury_	
			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Daces	Zveitem	3	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBL	IC PLACE.
(Address) K kar	u m		Manner of injury	
Place Ory frank of Date Cerry 13, 1934				
0	e A	D	Nature of Injury	
19. UNOERTAKER DUREN	tundant	<u></u>	24. Was disease or injury in any way related to occupation of decease	ad?
(Addiess) May Regul	40	2 4	If so, specify	
20. FILED 413/34, 19	Chaff	elean	(Signed)	
/ /	/	Registrar.	(Address)	

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Chronic interstitial nephritis OCI 5 1894	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6 UNEAT V	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			1 gear

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH

08130

1. PLACE OF DEATH	-	(ex-a)	
County Chal	<u> </u>	Registration	Dist. No. 100
Village or City W	come	No.	St., Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAM ds. How long in U.S. if of foreign birth?	
2. FULL NAME TO Q IT	1 20	. 4	
		St Ward.	
(a) Residence: No.	(Usual place of abode)		t give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	13 , 193 4 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of			
(or) WIFE OF Many	Dizabeth Shows		Y, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1 1 0	I last saw h alive on	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at.	
69	l day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related cau were as follows:	ses of Importance
Range of the state	Harne	Ceretral Jimo	reliage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			
10. Data deceased last worked at	11. Total time (yaars)	Sidden	
this occupation (month and year)	spent in this occupation	J	
12. BIRTHPLACE (city or town)	· (Q.,	Other Contributory Causes of importance:	
	Graves	7	
13. NAME Some 14. BIRTHPLACE (city or town)		Nama of operation	
(State or country)	m d	What test confirmed diagnosis?	
置 15. MAIDEN NAME なる	Jane Rox	23. If death was due to external causes (VIOL ENCE)	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide2	
(Stata or country)	a wid	Whera did injury occur?	
17. INFORMANT tyang Electric (Address)	bull blight	Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MY O WY	The Clary 15 1934	Manner of injury	
19. UNDERTAKER Hand	Jaltanes	24. Was disease or injury in any way related to occu	pation of deceased? No
20. FILED CLEGING 1934	illean V. Posey	If so, specify (Signed)	ichnell M.D.
	Registrer.	(Address)	wy yaa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 6

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCHPA-

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

1. PLACE OF DEATH	- MARTE	
County Ella	ree.	Registration Dist. No. 102
Village or City	Ouse Poods	NoSt.,Wo (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or	town where death occurredyrs	
2. FULL NAME (a) Residence: No.	Refton Such	St., Ward.
PERSONAL AND S	(Usual place of abod	
3. SEX 4. COLOR OR Clare		viDOWED, ethe word) 21. DATE OF DEATH LUCY 11 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	114	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased for
6. DATE OF BIRTH (month, day, and		784 I last saw h alive on
7. AGE Years	3 307 1 da	to have occurred on the date stated above, et
8. Trade, profession, or particul kind of work done, as SF SAWYER, BOOKKEEPER, 9. Industry or business in which	THNER, CCT Res	ne Clo, Yostro-Centratio
work was done as SILK	MILL,	
SAW MILL, BANK, etc 10. Date deceased last worked a this occupation (month ar year)	t 11. Total time (ye spent in the occupation	
12. BIRTHPLACE (city or town) (State or country)	Cours Reads	Other Coutributery Causes of Importance:
13. NAME Pretes	ull Gulsin	
14. BIRTHPLACE (city or town) (State or country)	Olarla Cr.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LESS	ee tearrole	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Olarla Oo	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mile (Address)	hell Setre	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVE	des Idose ang. 1	/
19. UNDERTAKER Clean (Address) Orc	is Ready n	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aw 8 // 193	4 dV Thomps	(Signed) Lev. C. Vielvull M Registrar, (Address) Marlurel Pud.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEF 8 18,1		<u> </u>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be estefully supplied - 4GE should be stated - K.A.C.T.Y. . PHYSICIANS should state

DISTRICT OF COLUMBIA

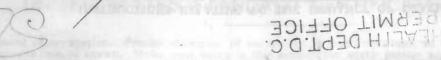
No. OF RECORD

FILL INSTRUCTIONS FOR THE CHIDINGS OF THOSE USING THIS READY AND SPACE FOR REMAI

	FOLL INSTRUCTIONS	FOR THE GOIDANCE OF THOSE USING THE	S BEAMA AND STACE FOR REMARKS MAI BE FOUND ON THE OTHER SIDE
1. PLACE	OF DEATHES PO	int 3 1/2 miles Potomac River	below Marshall Hall Speet, Section.
Nan	ne of Hospital		Duration of residence therein
2. FULL N	NAME Edward	P. Harney	See Jar
(a)	Residence, No	(Usuai piace of abode)	Street Alcova, Virginia (If nonresident, give city or town and State)
Length of res	sidence in D. of C.,	yrs mos ds.	How long in U. S. if of foreign birth? yrs mos ds.
PE	RSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX:	4. COLOR OR RACE:	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):	
Tale	White	Married	17. I HEDERY CERTIES
5A. If marri	ied, widowed, or divorce	ed,	I HEREBY CERTIFY, that I attended deceased from
HUSE	BAND of Marga	ret Harney	, 19, to, 19, 19
(or)	WIFE of	7.070	that I last saw h alive on
	F BIRTII (month, day,	1	and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:
7. AGE:	Years Month	Days If LESS then I dayhrs. ormin.	Sell down bot blow
General nature husiness, o ment in whi	riod of work 1.1.6.U.T.6 o of industry, or establish-	enant itan Police Dept.	(duration) yrs. mos. ds. CONTRIBUTORY Drowning (SECONDARY)
(c) Name of emp	sleyer		duration) yrs mos ds. 18. Where was disease contracted if not at place of death?
	LACE (city or town)	5 t t to to	Did an operation precede death? Date of operation
10, NA		shington, D. C.	Was there an autopsy?
y C	CATHER (in full)	homas E. Harney Er: Maine	What laboratory test confirmed diagnosis? (Signed) M. D.
13. BIF	THPLACE OF MOTH		*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
S	tate or country	ash. D. C.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: DATE
Above in	nformation furnished by	Police Dept.	Gelington hat & 13 19.34
15. Relation	of informant to deced	ent	20. UNDERTAKER Address

CIVER NO

CERTIFICATE OF DEATH



ceased had retired from pusiness, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	August 17 comments	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:	tiv.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in

WARCIN RESERVED FOR BINDING

Form 7 H. D. C.

/
X

FOR BINDING

(ARGIN RESERVED

V. S. No. 1 N. B.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carcfully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Charles	Registration Dist. No. / 574
Village or City ht City	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many E. Hills	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	8 - 3 - ,193 4
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
HUSBANO of John Tranes Action	22. I HEREBY CERTIFY, That I attended deceesed from
183.5	19 11 19 19 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/ 7 mm or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	but a later of the control of the co
work was done, es SILK MILL, SAW MILL, BANK, etc.	minut or way way
O 10. Date deceased last worked at this occupetion (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 22.	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Contact of country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT ALL THE STATE OF	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managerial
Place 1 - 19 B4 Date 4 - 5 19 B4	Manner of injury
Bl. M. W.	
19, UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
(a-11) 2 1 × 2 2 1 1	(Signed) M. O
20. FILEO Registrar.	(Address) Andria
4	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. Se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1813)
1. PLACE OF DEATH	(92-0)
County Charles	Registration Dist. No. 10 3
Village or City O offers Crase	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME YEarge It. Thuk	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Lory WIFF of Bullie Therefore	22 I HEREBY CERTIFY, That I attended deceased from 1957, to Queg 11, 1957
6. DATE OF BIRTH (month, day, and year)	I last saw him elive on any (0, 193 %; death is said
7. AGE Yeers Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3 4.0. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Enclosedetio sina
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Jeen
10. Date deceased last worked at this occupation (month end 3 year)	Other County in
12. BIRTHPLACE (city or town) 6 of sells 69 (State or country)	Other Coutributory Causes of Importence:
	deur ha
13. NAME HENY HULLY. 14. BIRTHPLACE (city or town) POTS Y 1 1/2 PA	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth COOK.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ELZSTER COOK. 16. BIRTHPLACE (city or town) POTS VIIIE (Stete or coupley)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (O others Orace) Wed	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place. Place Date Date 19 1934	Nature of injury
19. UNDERTAKER Chart Of Roby (Address) Sel alton	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED ang 13, 1934 - Char Ot, Rolly Registrar	(Signed) M.D. (Address) M.B. Clime V.A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
lones	May 1,1923	Gastroenteritis	1 year
			A DVE

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
WANTITION	OI MOE FUR	I ORTHITIC	STATIMITMIN	1) 1	TITIOIOTATA

PLACE OF DEATH

V. S. No. 1

County Marlie	CERTIFICATE OF DEATH
D ·	Registration Dist. No. / O.
Village or City Guesside (No	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenah Late Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ang & 8 , 198 4
B DATE OF BIRTH Cug ht, 1934, (Month) (Day) (Year)	17 IHEREBY CERTIFY, That I attended the deceased from 28, 1937 that I last saw h walive on 27, 1937
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles C. Md.	Contributory Secondary (Duration) 778, mos
11 BIRTHPLACE OF FATHER Church Co. Md.	(Signed) See Causing Death, or, in deaths from
12 MAIDEN NAME WILLIE Sidler OF MOTHER WILLIE Sidler	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether occidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Olivile Co. Md.	At place of death rs
(Informant) For I Prynch	if not at place of dea.h? Former or usual residence
(Address) Russicle Mol.	Manyemby Md. Canger, 19 20 UNDERTAKER ADDRESS
Filed Aug 129 1934 Mury Southerland	Jaz. hynch Finneide de

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed household only not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (ayod use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> 'telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08135
75	La Carlo	(23)
should f OCC	County Marcel 7	Registration Dist. No. / O
of of	Village or City // as // onchie or	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0		
CIAN	2. FULL NAME Almie Mal	There
	(a) Residence: Np. Port 2 abares	nad w
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
-	our slow Traow	(Month) (Day) (Year)
ified	5a. If married, widowed or divorced HUSBAND of	(val)
classified	(or) WIFE of Illian Matthews	22. I HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, pay and year)	
rly		to have occurred on the date stated above, atm.
ope	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	R Trade profession or particular	were as follows:
of of	kind of work done, as SPINNER, clemming	Mo Physical and
ay ck	9. Industry or business in which	attendence !!
	SAW MILL, BANK, etc.	Had beer thanksell
, 50	- 1 2 Dall III fills	by Health asher in hallala
tha	year) occupation occupation	Other Contributory Causes of importance
so	12. BIRTHPLACE (city or town) [ale only	
ns,		Julmonary Juberculosis!
ins	I 13. NAME FUMES Praye	0
in See	A 14. BIRTHPLACE (city or town) - beatles country	Name of operation
pla	m 7. /	What test confirmed diagnosis? Was there an au'opsy?
in and	I Company	23. If death was due to external causes (VIOLENCE) fill in also the following:
LH OOL	O 16. BIRTHPLACE (city or town) Duffmass	Accident, suicide, or homicide? Date of injury, 19
EA'	Carlo of Country)	Where did injury occur?(Specify city or town, county and State)
7. AGE Years Months Days If LESS the lady, or min lady, o	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
OF vei		
图 - # 』	144 1460 (Manner of injury
NO	H11P	Nature of Injury
CA	19. UNDERTAKER V- Carlo (Address)	24. Was disease or Injury In any way related to occupation of deceased?
F	August A N 300B	If so, specify Region R
(1)	20. FILEO SILA V. S. 1974 T. J. J. J. Registrar.	(Signed) de la la la mol-
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	af more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- M

V. S. No. 1

should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may TION is very important. B

1. PLACE OF DEATH	7	
County Charber C	ounty	Registration Dist. No. +05 107
Village or City It relator	£-/	NoSt., Ward
Length of residence in city or town where dear		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U _A S. if of foreign birth?msds.
077	100-1-1	m. Allalane
A. I OLL MAINE TO TOUR	accommende	and the second
(a) Residence: No. A all	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5	. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH August 31
Male I thete	married	(Month) (Day) (Year)
5a. 11 married, widowed, or divorced HUSBAND of	x 1111	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Genevieve	middleton	aug 29 ,1934, 10 aug 31 ,1934
6. DATE OF BIRTH (month, day, and year)	6.24,1860	I last saw his an alive on acy 3 1, 1934; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 11: 45 P.m.
7574 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		11 Des Indianal Date of onset
SAWYER, BDDKKEEPER, etc	armer	llump
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc O Date deceased last worked at this oregunation (month and	(Rotine)	1
SAW MILL, BANK, etc	11. Total time (years)	V
o this occupation (month and year)	spent in this	
. //	De Par to	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arces county	
	delatore	
E	raskes County	
I	Massound	Name of operation Date of
	Queel	What test confirmed diagnosis? Was there an autopsy?
E OJ	The Part of	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	as successions	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
(Ran Sin d	slot-	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	L- m-x	Specify whether injury eccurred in industri, in nome, of in public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	000	Manner of injury
Place By an lown Mx	Date Sept. 3, 1934	Nature of injury.
Sto- HY	Leson	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Afficial (Address) Valdorf	M	If se, specify
11/2 211/m	1. 8nn 8.19	(Signed) Mr. Lynn M. D.
20. FILED 5461 - 19.24 - 14.	Registrar.	(Address) 2 aldur
7.0 11	11 11 5 5 5	No. 10 Published To The

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Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Charles	Registration Dist. No.
Village or City Dhit Ham	No. St., Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Myken Thele	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Male Colord Mound	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22, I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Lig 7 1994 to Ang 9 1934
6. DATE OF BIRTH (month, day, and year)	I last saw Min alive on Ang 9 A924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and from m.
65- 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
S. Trada, profession, or particular	wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNEY, SAWYER, BOOKKEPER, etc.	Entirilia
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
yaar) occupation occupation	Other Cuutributury Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Charles County	
II 13. NAME VILLE MILLO	
13. NAME TO COUNTY) 14. BIRTHPLACE (city or town) Charles (Control of town) Charles (Control of town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. BIRTHPLACE (city or town) Color Coop	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Columbia Cop	Accidant, suicide, or homicide?, Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Colombia Monice (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place & Miffeld Date all 9 1, 1934	Nature of injury
The Drd Russ	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
1 15-24 m. P. J. R	(Signed)
20. FILEO CALLED TO 19 77 M. M. MARINE REGISTRAN	(Address) Dalla

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AFF 5 1554	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BITREAU N	July 5,1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

PLACE OF DEATH		149.1	STATE OF	MARYLANI
County Ellis	*****	95-8	CERTIFICATI	1 0 4
Village or City Drynuts	ues Boxa	of man	Registration St.: Ward	l) (if death or a hospital or tion, give its stead of st
PERSONAL AND STATISTIC	AL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
Male Wale	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	duy.	Z 3 , 1
6 DATE OF BIRTH	(Day) , 19	201 June 1	BY CERTIFY, That I at	- 2 -
7 AGE 33 yrs. 0 mc	If LESS	hrs. The CAUSE OF DE	41	
(a) Trade, profession or particular kind of work (b) General nature of industry	wer	Chara	ie Organi	Ľ.
business, or establishment in which employed or (employer)	Med	Contributory	(Duration)	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	rutzonees	(Signed)	A (Address) Disrase Causing Death state (1) Means of I	or, in deaths
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	2 Morga	18 LENGTH OF lients or Recent At place of deathyrs	RESIDENCE (For Hosp Residents) mosds. St	
(Informant) Jeo. Miles	sul zonu	Where was disease c if not at place of c Former or usual residence	leash?	DATE OF B
(Address) Wala	Meliga	20 UNDERVAKER	utown	Aug 20

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

TH UNFADING INK--THIS MARGIN

RECORD

BINDING

RESERVED FOR

S. No.

m

(Approved by U. S. Census and American Public

Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, definite salary, may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthlaborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs .. Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Doy Compositor, Architect, Locomotive For persons who have no occupation (b) If the occupation has been changed Automobile factory. The Loborer--Coal mine, etc. (b) Grocery, materia. engineer,

Statement of Cause of Death—Name, first, the DISEAR COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, tetabus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, American Medical Association.) Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic etc. The contributory valvulor Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

V. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Charles	Registration Dist. No. 103
Village or City And Clean	NoSt., Ward
(If Length of rasidence In city or town where death occurredyrsnos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Tharry Lee Their	whoen.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White Structure the word of the structure of the s	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Varginia 13 6. DATE OF BIRTH (month, day, end year)	1 HEREBY CERTIFY, That I attended decessed from 1937, to Gurg 27, 1937 1 lest saw h alive on 27, 1937; deeth is said
7. AGE Years 624 Hogths 6 Days 1 If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 2-29 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Herric Cornery July 34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and year) year) 12. BIRTHPLACE (city or town) (Stata er country) 13. NAME 14. NAME	Other Coatribatory Caases of Importance: Street Glicinia Brykto Grand
13. NAME Thereby 1. Conference of the state of country) 14. BIRTHPLACE (city or town) Bit about C Ya. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah M. Clayfor 16. BIRTHPLACE (city or town) Beelford Con You (State ar country) 17. INFORMANT Curvey Lung Lungford (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece Internation of Removal Place Data Carry 29., 1934.	Manner of injury
19. UNDERTAKER Charles Of Roby Ond	24. Wes disease or injury in any way related to occupation of deceasad?
20. FILED Aug 28, 1934 Chal. Of Roby Register.	(Signed) All all M. D. (Address) All all M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
lones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year